



2855 ✓

Customized PTO/SB/21 (05-03)

TRANSMITTAL FORM (for all correspondence after initial filing)	Application #	10/073,324
	Confirmation #	4559
	Filing Date	February 13, 2002
	First Inventor	LILJEGREN
	Art Unit	2855
Total number of pages in this submission =	Examiner	A. Ellington
	Docket #	REC-3687 (G000000591/RFH)

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fees calculated below	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Drawings
<input checked="" type="checkbox"/> including Attachment(s)	<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> After Final Amendment/Reply	<input type="checkbox"/> Drawings
<input type="checkbox"/> including Attachment(s)	<input type="checkbox"/> Terminal Disclaimer
<input checked="" type="checkbox"/> Extension of Time Petition	<input type="checkbox"/>
<input type="checkbox"/> Other:	<input type="checkbox"/>

FEES CALCULATION: For claims if required and/or other fees as shown below:					
	NOW	Previously Paid For	Present Extra	Rate	\$
<input checked="" type="checkbox"/> TOTAL CLAIMS	20	20	0	X \$ 18 =	
<input checked="" type="checkbox"/> INDEP. CLAIMS	4	3	1	X \$ 84 =	84
TOTAL OF ABOVE CLAIMS FEES =					84
Reduction by 1/2 for small entity status of applicant					
SUBTOTAL =					84
<input checked="" type="checkbox"/> Fee for extension of time (per attached Petition)					110
<input type="checkbox"/> Other fee for					
TOTAL OF ALL FEES =					194.00

☒ The Commissioner is hereby is authorized to charge the above-noted fees of \$194.00 to Deposit Account No. 09-0440.

☒ In the event that a petition for extension of time is required to be submitted herewith and that a separate petition is not submitted herewith, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely. Any fee is authorized above.

Date: August 22, 2003

By
Registration No.: 24,082

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